

**58 Partnership return of income****2004**For **2004 CALENDAR YEAR**, or other tax year beginning \_\_\_\_\_, 2004, and ending \_\_\_\_\_, 20\_\_\_\_

Name of partnership	
Mailing address	
City or town, state, and Zip code	Phone (daytime)

▶ **Federal EIN \*** \_\_\_\_\_▶ **Date business started**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

▶ Check this box if this is an amended return ☐▶ Was a North Dakota Form 58 filed for the previous year? ☐ Yes ☐ No▶ **Type of partners (Check all that apply):**

- ☐
1. Partnership(s)
- ☐
2. Individual(s)
- ☐
3. Corporation(s)
- ☐
4. Other (Identify) \_\_\_\_\_

▶ **Type of business:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> A. Farming/ranching | <input type="checkbox"/> D. Professional services | <input type="checkbox"/> G. Manufacturing     | <input type="checkbox"/> J. Finance, insurance, and real estate |
| <input type="checkbox"/> B. Retail/wholesale | <input type="checkbox"/> E. Other services        | <input type="checkbox"/> H. Transportation    |   |
| <input type="checkbox"/> C. Rentals          | <input type="checkbox"/> F. Construction          | <input type="checkbox"/> I. Oil, gas, or coal | <input type="checkbox"/> K. Other (Identify) _____              |

▶ Is entity a limited liability company (LLC)? ☐ Yes ☐ No▶ Check if Schedule RZ is attached ☐

1. Partners' shares of income and loss (from 2004 Federal Form 1065, Schedule K, lines 1, 2, 3c, 4, 5, 6a, 7, 8, 9a, 10, and 11, or from 2004 Federal Form 1065-B, Schedule K, lines 1a, 2a, 2b, 3, 4, 7 and 8) -----	<b>1</b> _____
2. Partners' shares of deductions (from 2004 Federal Form 1065, Schedule K, line 12 plus any deduction from line 13e which is not an itemized deduction; if 2004 Federal Form 1065-B is used, enter -0-) -----	<b>2</b> _____
3. Balance (Subtract line 2 from line 1) -----	<b>3</b> _____
4. North Dakota additions (See instructions) (Attach schedule) ----- ▶	<b>4</b> _____
5. Balance (Add lines 3 and 4) -----	<b>5</b> _____
6. North Dakota subtractions (See instructions) (Attach statement) ----- ▶	<b>6</b> _____
7. Adjusted income or loss (Subtract line 6 from line 5) If all partners are North Dakota resident individuals, estates, or trusts, or the partnership conducts 100% of its business in North Dakota, skip lines 8 through 12, and enter the amount from this line on line 13 -----	<b>7</b> _____
8. a. Net allocable income or loss (See instructions) (Attach statement) ----- <b>8a</b> _____	
b. Professional service partnership: Guaranteed payments to all individual partners for services only (See instructions) (Attach statement) ----- ▶ <b>8b</b> _____	
c. Total (Add lines 8a and 8b) -----	<b>8c</b> _____
9. North Dakota apportionable income or loss (Subtract line 8c from line 7) -----	<b>9</b> _____
10. Apportionment factor (from page 2, Schedule B, line 14) -----	<b>10</b> _____
11. Income or loss apportioned to North Dakota (Multiply line 9 by line 10) -----	<b>11</b> _____
12. a. Net North Dakota allocable income or loss (See instructions) (Attach statement) <b>12a</b> _____	
b. Professional service partnership: Guaranteed payments to nonresident individual partners for services in North Dakota (See instructions) (Attach statement) --- ▶ <b>12b</b> _____	
c. Total (Add lines 12a and 12b) -----	<b>12c</b> _____
13. North Dakota income or loss (Add lines 11 and 12c) ----- ▶	<b>13</b> _____

**Attach a complete copy of the 2004 Form 1065 (including Schedule K-1)**

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. **\*For Federal Privacy Act information, see bottom of page 2 of this form.**

Signature of general partner or authorized representative	Date	For Tax Department use only
Signature of paid preparer	Date	

**Mail to:** Office of State Tax Commissioner  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505-0599



## Schedule A: Partner information

See instructions for how to  
complete these columns

### Name of partner

If more lines are needed, attach additional sheet(s).

Soc. Sec.  
No. or FEIN\*

Distributive  
share %

Apportioned  
income (loss)  
(Page 1, line 11)

Allocable  
income (loss)  
(Page 1, line 12c)


**Total** (Note: The totals for these columns may not equal the amounts shown on page 1,  
lines 11 and 12c, respectively) \_\_\_\_\_

## Schedule B: Calculation of apportionment factor (For multistate partnership only)

Except as provided in the instructions, all multistate partnerships must complete this schedule.

### Property factor

Average value at original cost of real and tangible  
personal property used in the business.

(Exclude value of construction in progress)

Column 1  
Total

Column 2  
North Dakota

Column 3  
Factor

(Column 2 ÷ Column 1)

Result must be carried  
to six decimal places

1. Inventories _____	1 _____	
2. Buildings and other fixed depreciable assets _____	2 _____	
3. Depletable assets _____	3 _____	
4. Land _____	4 _____	
5. Other assets (Attach schedule) _____	5 _____	
6. Rented property (Annual rental multiplied by 8) _____	6 _____	
7. Total property (Add lines 1 through 6) _____	7 _____	

### Payroll factor

8. Wages, salaries, commissions and other compensation  
of employees reported on Federal Form 1065 or 1065-B ----  
(If the amount in Column 2 does not agree with the total  
compensation reported for North Dakota unemployment  
insurance purposes, attach a detailed explanation.)

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### Sales factor

9. Gross receipts or sales, less returns and allowances (Federal Form 1065 or 1065-B, page 1, line 1c) _____	9 _____	
10. Sales delivered or shipped to North Dakota destinations _____	10 _____	
11. Sales shipped from North Dakota to:		
a. The United States Government _____	11a _____	
b. Purchasers in a state or foreign country where the partnership did not have a filing requirement _____	11b _____	
12. Total sales (Add lines 9 through 11) _____	12 _____	
13. Sum of factors (Add lines 7, 8, and 12 in Column 3) _____	13 _____	
14. Apportionment factor (Divide line 13 by 3; however, if line 7, 8, or 12 of Column 1 is zero, divide by the number of these same lines showing an amount greater than zero) Enter result on page 1, line 10 _____	14 _____	

\* In compliance with the Federal Privacy Act of 1974, Public Law 93-579, the disclosure of a social security number or a federal employer identification number on this form is mandatory and is required under Subsections 1 and 7 of North Dakota Century Code § 57-38-31. A social security number or federal employer identification number is used as an identification number by the Office of State Tax Commissioner for file control purposes, recordkeeping, and for cross-checking the taxpayer's files with the Internal Revenue Service.